

and after obtaining a Certificate of Mailing, as included herein, from the U.S. Postal Service to the addresses documented within Collective Exhibit 1.

Further Affiant sayeth not.



BRIAN CUMMINGS

Sworn to and subscribed before me on
May 6, 2024:



NOTARY PUBLIC



My Commission Expires:

07/07/2027

Brian Cummings
Cummings Law
4235 Hillsboro Pike, Suite 300
Nashville TN 37215-3344

CERTIFIED MAIL



9414 8118 9956 2604 7260 19

PS Form 3800 6/02

\$7.180
US POSTAGE
FIRST-CLASS
FROM 37215
11/15/2023
stamps
endicia



A

Certified Mail WITHOUT Physical Return Receipt Service

(No Return Receipt Card)
Instructions

1. Apply this label to the TOP EDGE of the mailpiece.
2. Apply address label below to the CENTER of the mailpiece.
3. Peel the Certified Mail label below and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

Delivery Address
when used with **A**
or Return Address
when used with **B**

Vanderbilt Univ. Medical Center
Attn: C. Wright Pinson, MBA, MD
1211 Medical Center Dr
Nashville TN 37232-0004

Postmark
Here

CERTIFIED MAIL
CERTIFIED MAIL

← Fold and Tear →

CERTIFIED MAIL

VOID

B

Certified Mail WITH Physical Return Receipt Service

(Uses Return Receipt Card)
Instructions

1. Apply address label above to the back of this card.
2. Apply this card to the TOP EDGE of the mailpiece.
3. Peel the Certified Mail label above and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

OUTBOUND TRACKING NUMBER
9414 8118 9956 2604 7260 19

FEES

Postage per piece \$2.830
Certified Fee \$4.350
Total Postage & Fees: \$7.180

ARTICLE ADDRESS TO:

Vanderbilt Univ. Medical Center
Attn: C. Wright Pinson, MBA, MD
1211 Medical Center Dr
Nashville TN 37232-0004

SENDER: COMPLETE THIS SECTION

- Ensure items 1, 2, and 3 are completed.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: (☐ Addressee or ☐ Agent)

X

B. Received By: (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

CUMMINGS LAW

Brian Cummings
Licensed to practice in TN, GA,
FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300
Nashville, TN 37215

Phone: (615) 319-4347
Fax: (615) 815-1876

November 15, 2023

VIA U.S. CERTIFIED MAIL – ELECTRONIC RETURN RECEIPT

Vanderbilt Univ. Medical Center
Attn: C. Wright Pinson, MBA, MD
1211 Medical Center Dr.
Nashville, TN 37232

Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)

Dear C. Wright Pinson:

I represent Bradley Jones regarding the death of his husband, Robert Williams, Jr., at Vanderbilt University Medical Center (“Vanderbilt”).

Mr. Williams was admitted to Vanderbilt on June 1, 2023, he was determined to be a good candidate for a heart transplant, which he underwent early during the admission, and he contracted two infections (a fungal infection and a bacterial infection) at Vanderbilt that led to sepsis and caused his death on July 13, 2023.

With regard to the fungal infection, which is referred to at times in the records as “infection due to Rhizopus,” a Vanderbilt staff member told Mr. Jones that another Vanderbilt patient had come down with the same type of fungal infection.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt University Medical Center (“Vanderbilt”). This is a wrongful death, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt, including its employees and agents, and including its physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the June 1, 2023 admission. This includes, but is not limited to, negligent care related to Mr. Williams contracting both infections and related to the ineffective treatment of those infections. These failures to comply with the applicable, recognized standard of acceptable professional practice caused Mr. Williams’ death.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, past medical expenses, physical pain and suffering, emotional pain and suffering, loss of enjoyment of life, loss of earning capacity, Mr. Jones’ loss of spousal consortium, funeral and burial expenses, and all other available damages available in a wrongful death, healthcare liability claim.

The full name and date of birth of the patient whose treatment is at issue are:

Robert Williams, Jr.
[REDACTED]

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

Bradley Jones (surviving spouse)
2010 Cedar Creek Dr.
Henryville, IN 47126

The name and address of the attorney sending this notice are:

Brian Cummings
Cummings Law
4235 Hillsboro Pike, #300
Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at brian@cummingsinjurylaw.com or at 615-319-4347.

Sincerely,



Brian Cummings

Enclosures

NAMES & ADDRESSES OF ALL PROVIDERS BEING SENT A NOTICE
PURUSANT TO TENN. CODE ANN. 29-26-121(a)

PROVIDER	ADDRESS PER TN DEPT. OF HEALTH	CURRENT BUSINESS ADDRESS	REGISTERED AGENT ADDRESS – TN SEC. OF STATE
Vanderbilt University Medical Center	1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson, M.B.A., M.D.	1211 Medical Center Drive Nashville, TN 37232 1161 21 st Ave., S., Medical Center North D- 3300 Nashville, TN 37232-5545 (Principal Office – TN Sec. State) 3322 West End Ave., #1100 Nashville, TN 37203-1000 (Mailing Address – TN Sec. State)	National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 (TN Sec. State)

HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

SECTION A: THIS SECTION MUST BE COMPLETED FOR ALL AUTHORIZATIONS

Patient Name: ROBERT WILLIAMS, JR.	Date of Birth: [REDACTED]	Social Security No: [REDACTED]
Provider's Name: VANDERBILT UNIVERSITY MEDICAL CENTER	Recipient's Name: VANDERBILT UNIVERSITY MEDICAL CENTER	
Provider's Address: 1211 MEDICAL CENTER DR. NASHVILLE, TN 37232	Address 1: 1211 MEDICAL CENTER DR.	
	Address 2:	
	City NASHVILLE	State TN Zip 37232

This authorization will expire on the following (fill in the Date or the Event but not both)
Date: 6-1-2024 **Event:**

Purpose of Disclosure: Compliance with Tenn. Code Ann. §29-26-121

Description of Information to be Used or Disclosed: All PHI in Medical Record for All Dates

I understand that:

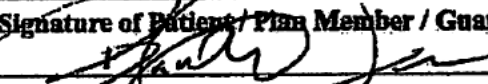
1. I may refuse to sign this authorization and it is strictly voluntary.
2. If I do not sign this form, my health care and the payment for my health care will not be affected unless stated otherwise.
3. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.
4. If the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may potentially be redisclosed.
5. I understand my attorney will receive copies of all records received through this authorization.
6. I, through my attorney, will receive a copy of this form after I sign it.

SECTION B: NOTICE TO PROVIDER AND RECIPIENT

The purpose of the release of my records is for review by the Recipient listed above. **THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENTATIVES OUT OF THE PRESENCE OF MY ATTORNEYS.** All medical records obtained pursuant to this authorization by Recipient shall be copied by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillsboro Pike #300, Nashville, TN, 37215, within five days after the records are obtained via this authorization, if feasible, and with email transmittal being preferred to reduce / eliminate costs.

SECTION C: SIGNATURES

I have read the above and authorize the disclosure of the protected medical and health information as stated. Moreover, I acknowledge and hereby consent that the released information may contain alcohol, drug, psychiatric, HIV testing, HIV results, or AIDS information.

Signature of Patient / Plan Member / Guardian / Representative: 	Date: 10/12/23
Print Name of Guardian / Representative (if applicable): Bradley Jones	Relationship to Patient (if applicable): Spouse

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER **2023 042479**

1. Decedent's Legal Name ROBERT WAYNE WILLIAMS JR		2. Sex MALE	3. Date of Death 07/13/2023
4. Time of Death (Approx) 22:22	5a. Age 51	6. Date of Birth [REDACTED]	7. Birthplace NEW ALBANY, IN
8a. Place of Death INPATIENT			
8b. Facility Name VANDERBILT UNIVERSITY MEDICAL CENTER		8c. City or Town NASHVILLE	8d. County of Death DAVIDSON
9. Marital Status MARRIED	10. Surviving Spouse (name prior to first marriage) BRADLEY JONES	11a. Decedent's Usual Occupation FACILITY MANAGER	11b. Kind of Business/Industry FIRST UROLOGY
12. Social Security Number [REDACTED]	13a. Residence State or Foreign Country INDIANA	13b. County CLARK	13c. City or Town HENRYVILLE
13d. Street and Number 2010 CEDAR CREEK DRIVE		13e. Inside City Limits? YES	13f. Zip Code 47126
15. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race WHITE
18. Father's Name ROBERT WILLIAMS SR		19. Mother's Name Prior to First Marriage ROBERTA BALDWIN HAWKINS	
20a. Informant's Name BRADLEY JONES	20b. Relationship to Decedent SPOUSE	20c. Mailing Address 2010 CEDAR CREEK DRIVE, HENRYVILLE, IN 47126	
21a. Method of Disposition ENTOMBMENT REMOVAL FROM STATE		21b. Place of Disposition KRAFT GRACELAND MEMORIAL PARK	21c. Location NEW ALBANY, IN
22a. Signature of Funeral Director /s/ KALEIGH B EASTWOOD		22b. License Number 20503	22c. Signature of Embalmer /s/ STEPHANIE BROOK WORKING
23a. Name and Address of Funeral Home WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407		22d. License Number 6118	23b. License Number 933
24. Registrar's Signature /s/ EDWARD G BISHOP III		25. Date Filed 07/17/2023	
26. Certifier 26a. <input checked="" type="checkbox"/> PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED. 26b. <input type="checkbox"/> MEDICAL EXAMINER - ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.			
27a. Certifier /s/ ASHISH S. SHAH		27b. License Number 053242	27c. Date Signed 07/14/2023
27d. Name and Address ASHISH S. SHAH VANDERBILT UNIVERSITY MEDICAL CENTER 1211 MEDICAL CENTER DRIVE, NASHVILLE, TN 37232			
28. Part I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death. Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST) a. SEPSIS b. HEART TRANSPLANT c. d. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I			Approximate Interval: Onset to Death
30. Manner of Death NATURAL			31. Did Tobacco Use Contribute to Death? NO
32. If Female: N/A			33. Was an Autopsy Performed? NO
34. Were Autopsy Findings Available to Complete the Cause of Death?			
33. If Transportation Injury, Specify:	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?
	34d. Describe How Injury Occurred		34e. Location of Injury

PH-1059E

RDA 10112

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III
Edward G. Bishop III
State Registrar

Ralph Alvarado
Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Jul-17-2023

CERTIFICATION OF VITAL RECORD

Williams - Vanderbilt 0005

Brian Cummings
Cummings Law
4235 Hillsboro Pike, Suite 300
Nashville TN 37215-3344

CERTIFIED MAIL



9414 8118 9956 2604 7272 21

PS Form 3800 6/02

\$7.180
US POSTAGE
FIRST-CLASS
FROM 37215
11/15/2023
stamps
endicia



A

Certified Mail WITHOUT Physical Return Receipt Service

(No Return Receipt Card)
Instructions

1. Apply this label to the TOP EDGE of the mailpiece.
2. Apply address label below to the CENTER of the mailpiece.
3. Peel the Certified Mail label below and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

Delivery Address
when used with **A**
or Return Address
when used with **B**

Vanderbilt Univ. Medical Center
1161 21st Ave., S.
Medical Center North D-3300
Nashville TN 37232-5545

CERTIFIED MAIL
CERTIFIED MAIL

← Fold and Tear →

CERTIFIED MAIL

B

Certified Mail WITH Physical Return Receipt Service

(Uses Return Receipt Card)
Instructions

1. Apply address label above to the back of this card.
2. Apply this card to the TOP EDGE of the mailpiece.
3. Peel the Certified Mail label above and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

VOID

OUTBOUND TRACKING NUMBER
9414 8118 9956 2604 7272 21

FEES

Postage per piece \$2.830
Certified Fee \$4.350
Total Postage & Fees: \$7.180

ARTICLE ADDRESS TO:

Vanderbilt Univ. Medical Center
1161 21st Ave., S.
Medical Center North D-3300
Nashville TN 37232-5545

Postmark
Here

SENDER: COMPLETE THIS SECTION

- Ensure items 1, 2, and 3 are completed.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Signature: (☐ Addressee or ☐ Agent)

X

B. Received By: (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

2. Article Number (Transfer from service label)

Case 3:24-cv-00568

Document 1-2

Filed 05/07/24

Page 9 of 27 PageID #: 18

CUMMINGS LAW

Brian Cummings
Licensed to practice in TN, GA,
FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300
Nashville, TN 37215

Phone: (615) 319-4347
Fax: (615) 815-1876

November 15, 2023

VIA U.S. CERTIFIED MAIL – ELECTRONIC RETURN RECEIPT

Vanderbilt Univ. Medical Center
1161 21st Ave., S.
Medical Center North D-3300
Nashville, TN 37232-5545

Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)

Dear Vanderbilt University Medical Center:

I represent Bradley Jones regarding the death of his husband, Robert Williams, Jr., at Vanderbilt University Medical Center (“Vanderbilt”).

Mr. Williams was admitted to Vanderbilt on June 1, 2023, he was determined to be a good candidate for a heart transplant, which he underwent early during the admission, and he contracted two infections (a fungal infection and a bacterial infection) at Vanderbilt that led to sepsis and caused his death on July 13, 2023.

With regard to the fungal infection, which is referred to at times in the records as “infection due to Rhizopus,” a Vanderbilt staff member told Mr. Jones that another Vanderbilt patient had come down with the same type of fungal infection.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt University Medical Center (“Vanderbilt”). This is a wrongful death, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt, including its employees and agents, and including its physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the June 1, 2023 admission. This includes, but is not limited to, negligent care related to Mr. Williams contracting both infections and related to the ineffective treatment of those infections. These failures to comply with the applicable, recognized standard of acceptable professional practice caused Mr. Williams’ death.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, past medical expenses, physical pain and suffering, emotional pain and suffering, loss of enjoyment of life, loss of earning capacity, Mr. Jones’ loss of spousal consortium, funeral and burial expenses, and all other available damages available in a wrongful death, healthcare liability claim.

The full name and date of birth of the patient whose treatment is at issue are:

Robert Williams, Jr.



The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

Bradley Jones (surviving spouse)
2010 Cedar Creek Dr.
Henryville, IN 47126

The name and address of the attorney sending this notice are:

Brian Cummings
Cummings Law
4235 Hillsboro Pike, #300
Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at brian@cummingsinjurylaw.com or at 615-319-4347.

Sincerely,

A handwritten signature in blue ink that reads "Brian Cummings".


Brian Cummings

Enclosures

NAMES & ADDRESSES OF ALL PROVIDERS BEING SENT A NOTICE
PURUSANT TO TENN. CODE ANN. 29-26-121(a)

PROVIDER	ADDRESS PER TN DEPT. OF HEALTH	CURRENT BUSINESS ADDRESS	REGISTERED AGENT ADDRESS – TN SEC. OF STATE
Vanderbilt University Medical Center	1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson, M.B.A., M.D.	1211 Medical Center Drive Nashville, TN 37232 1161 21 st Ave., S., Medical Center North D- 3300 Nashville, TN 37232-5545 (Principal Office – TN Sec. State) 3322 West End Ave., #1100 Nashville, TN 37203-1000 (Mailing Address – TN Sec. State)	National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 (TN Sec. State)

HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

SECTION A: THIS SECTION MUST BE COMPLETED FOR ALL AUTHORIZATIONS		
Patient Name: ROBERT WILLIAMS, JR.	Date of Birth: [REDACTED]	Social Security No: [REDACTED]
Provider's Name: VANDERBILT UNIVERSITY MEDICAL CENTER	Recipient's Name: VANDERBILT UNIVERSITY MEDICAL CENTER	
Provider's Address: 1211 MEDICAL CENTER DR. NASHVILLE, TN 37232	Address 1: 1211 MEDICAL CENTER DR.	
	Address 2:	
	City NASHVILLE	State TN Zip 37232
This authorization will expire on the following (fill in the Date or the Event but not both) Date: 6-1-2024 Event:		
Purpose of Disclosure: Compliance with Tenn. Code Ann. §29-26-121		
Description of Information to be Used or Disclosed: All PHI in Medical Record for All Dates		
<p>I understand that:</p> <ol style="list-style-type: none"> 1. I may refuse to sign this authorization and it is strictly voluntary. 2. If I do not sign this form, my health care and the payment for my health care will not be affected unless stated otherwise. 3. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation. 4. If the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may potentially be redisclosed. 5. I understand my attorney will receive copies of all records received through this authorization. 6. I, through my attorney, will receive a copy of this form after I sign it. 		
SECTION B: NOTICE TO PROVIDER AND RECIPIENT		
<p>The purpose of the release of my records is for review by the Recipient listed above. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENTATIVES OUT OF THE PRESENCE OF MY ATTORNEYS. All medical records obtained pursuant to this authorization by Recipient shall be copied by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, <u>Cummings Law, 4235 Hillsboro Pike #300, Nashville, TN, 37215</u>, within five days after the records are obtained via this authorization, if feasible, and with email transmittal being preferred to reduce / eliminate costs.</p>		
SECTION C: SIGNATURES		
I have read the above and authorize the disclosure of the protected medical and health information as stated. Moreover, I acknowledge and hereby consent that the released information may contain alcohol, drug, psychiatric, HIV testing, HIV results, or AIDS information.		
Signature of Patient / Plan Member / Guardian / Representative: 	Date: 10/12/23	
Print Name of Guardian / Representative (if applicable): Bradley Jones	Relationship to Patient (if applicable): Spouse	

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER **2023 042479**

1. Decedent's Legal Name ROBERT WAYNE WILLIAMS JR		2. Sex MALE	3. Date of Death 07/13/2023
4. Time of Death (Approx.) 22:22	5a. Age 51	6. Date of Birth [REDACTED]	7. Birthplace NEW ALBANY, IN
8a. Place of Death INPATIENT			
8b. Facility Name VANDERBILT UNIVERSITY MEDICAL CENTER		8c. City or Town NASHVILLE	8d. County of Death DAVIDSON
9. Marital Status MARRIED	10. Surviving Spouse (name prior to first marriage) BRADLEY JONES	11a. Decedent's Usual Occupation FACILITY MANAGER	11b. Kind of Business/Industry FIRST UROLOGY
12. Social Security Number [REDACTED]	13a. Residence-State or Foreign Country INDIANA	13b. County CLARK	13c. City or Town HENRYVILLE
13d. Street and Number 2010 CEDAR CREEK DRIVE	13e. Inside City Limits? YES	13f. Zip Code 47126	14. Was Decedent ever in US Armed Forces? NO
15. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race WHITE	
16. Father's Name ROBERT WILLIAMS SR		19. Mother's Name Prior to First Marriage ROBERTA BALDWIN HAWKINS	
20a. Informant's Name BRADLEY JONES	20b. Relationship to Decedent SPOUSE	20c. Mailing Address 2010 CEDAR CREEK DRIVE, HENRYVILLE, IN 47126	
21a. Method of Disposition ENTOMBMENT REMOVAL FROM STATE		21b. Place of Disposition KRAFT GRACELAND MEMORIAL PARK	21c. Location NEW ALBANY, IN
22a. Signature of Funeral Director /s/ KALEIGH B EASTWOOD	22b. License Number 20503	22c. Signature of Embalmer /s/ STEPHANIE BROOK WORKING	22d. License Number 6116
23a. Name and Address of Funeral Home WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407			23b. License Number 933
24. Registrar's Signature /s/ EDWARD G BISHOP III		25. Date Filed 07/17/2023	
26. Certifier 26a. <input checked="" type="checkbox"/> PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED. 26b. <input type="checkbox"/> MEDICAL EXAMINER - ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.			
27a. Certifier /s/ ASHISH S. SHAH		27b. License Number 053242	27c. Date Signed 07/14/2023
27d. Name and Address ASHISH S. SHAH VANDERBILT UNIVERSITY MEDICAL CENTER 1211 MEDICAL CENTER DRIVE, NASHVILLE, TN 37232			
28. Part I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST. a. SEPSIS b. HEART TRANSPLANT c. _____ d. _____			Approximate Interval: Onset to Death _____ _____ _____
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I			29a. Was an Autopsy Performed? NO
			29b. Were Autopsy Findings Available to Complete the Cause of Death?
30. Manner of Death NATURAL	31. Did Tobacco Use Contribute to Death? NO	32. If Female: N/A	
33. If Transportation Injury, Specify:	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?
	34d. Describe How Injury Occurred		34e. Location of Injury

PH-1059E

RDA-10112

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III
Edward G. Bishop III
State Registrar

Ralph Alvarado
Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Jul-17-2023

CERTIFICATION OF VITAL RECORD

15075793



Brian Cummings
Cummings Law
4235 Hillsboro Pike, Suite 300
Nashville TN 37215-3344

CERTIFIED MAIL



9414 8118 9956 2604 7202 15

PS Form 3800 6/02

\$7.180
US POSTAGE
FIRST-CLASS
FROM 37215
11/15/2023
stamps
endicia



A

Certified Mail WITHOUT Physical Return Receipt Service

(No Return Receipt Card)
Instructions

1. Apply this label to the TOP EDGE of the mailpiece.
2. Apply address label below to the CENTER of the mailpiece.
3. Peel the Certified Mail label below and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

Delivery Address
when used with **A**
or Return Address
when used with **B**

Vanderbilt Univ. Medical Center
3322 W End Ave Ste 1100
Nashville TN 37203-1000

CERTIFIED MAIL
CERTIFIED MAIL

← Fold and Tear →

CERTIFIED MAIL

VOID

B

Certified Mail WITH Physical Return Receipt Service

(Uses Return Receipt Card)
Instructions

1. Apply address label above to the back of this card.
2. Apply this card to the TOP EDGE of the mailpiece.
3. Peel the Certified Mail label above and fold it over your envelope, just above the postage so that it covers the existing Certified Mail marking.

OUTBOUND TRACKING NUMBER
9414 8118 9956 2604 7202 15

FEES

Postage per piece \$2.830
Certified Fee \$4.350
Total Postage & Fees: \$7.180

ARTICLE ADDRESS TO:

Vanderbilt Univ. Medical Center
3322 W End Ave Ste 1100
Nashville TN 37203-1000

Postmark
Here

SENDER: COMPLETE THIS SECTION

- Ensure items 1, 2, and 3 are completed.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: (☐ Addressee or ☐ Agent)

X

B. Received By: (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

CUMMINGS LAW

Brian Cummings
Licensed to practice in TN, GA,
FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300
Nashville, TN 37215

Phone: (615) 319-4347
Fax: (615) 815-1876

November 15, 2023

VIA U.S. CERTIFIED MAIL – ELECTRONIC RETURN RECEIPT

Vanderbilt Univ. Medical Center
3322 West End Ave., #1100
Nashville, TN 37203-1000

Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)

Dear Vanderbilt University Medical Center:

I represent Bradley Jones regarding the death of his husband, Robert Williams, Jr., at Vanderbilt University Medical Center (“Vanderbilt”).

Mr. Williams was admitted to Vanderbilt on June 1, 2023, he was determined to be a good candidate for a heart transplant, which he underwent early during the admission, and he contracted two infections (a fungal infection and a bacterial infection) at Vanderbilt that led to sepsis and caused his death on July 13, 2023.

With regard to the fungal infection, which is referred to at times in the records as “infection due to Rhizopus,” a Vanderbilt staff member told Mr. Jones that another Vanderbilt patient had come down with the same type of fungal infection.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt University Medical Center (“Vanderbilt”). This is a wrongful death, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt, including its employees and agents, and including its physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the June 1, 2023 admission. This includes, but is not limited to, negligent care related to Mr. Williams contracting both infections and related to the ineffective treatment of those infections. These failures to comply with the applicable, recognized standard of acceptable professional practice caused Mr. Williams’ death.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, past medical expenses, physical pain and suffering, emotional pain and suffering, loss of enjoyment of life, loss of earning capacity, Mr. Jones’ loss of spousal consortium, funeral and burial expenses, and all other available damages available in a wrongful death, healthcare liability claim.

The full name and date of birth of the patient whose treatment is at issue are:

Robert Williams, Jr.
[REDACTED]

The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

Bradley Jones (surviving spouse)
2010 Cedar Creek Dr.
Henryville, IN 47126

The name and address of the attorney sending this notice are:

Brian Cummings
Cummings Law
4235 Hillsboro Pike, #300
Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at brian@cummingsinjurylaw.com or at 615-319-4347.

Sincerely,



Brian Cummings

Enclosures

NAMES & ADDRESSES OF ALL PROVIDERS BEING SENT A NOTICE
PURUSANT TO TENN. CODE ANN. 29-26-121(a)

PROVIDER	ADDRESS PER TN DEPT. OF HEALTH	CURRENT BUSINESS ADDRESS	REGISTERED AGENT ADDRESS – TN SEC. OF STATE
Vanderbilt University Medical Center	1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson, M.B.A., M.D.	1211 Medical Center Drive Nashville, TN 37232 1161 21 st Ave., S., Medical Center North D- 3300 Nashville, TN 37232-5545 (Principal Office – TN Sec. State) 3322 West End Ave., #1100 Nashville, TN 37203-1000 (Mailing Address – TN Sec. State)	National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 (TN Sec. State)

HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

SECTION A: THIS SECTION MUST BE COMPLETED FOR ALL AUTHORIZATIONS

Patient Name: ROBERT WILLIAMS, JR.	Date of Birth: [REDACTED]	Social Security No: [REDACTED]
Provider's Name: VANDERBILT UNIVERSITY MEDICAL CENTER	Recipient's Name: VANDERBILT UNIVERSITY MEDICAL CENTER	
Provider's Address: 1211 MEDICAL CENTER DR. NASHVILLE, TN 37232	Address 1: 1211 MEDICAL CENTER DR.	
	Address 2:	
	City NASHVILLE	State TN : Zip 37232

This authorization will expire on the following (fill in the Date or the Event but not both)
 Date: **6-1-2024** Event:

Purpose of Disclosure: **Compliance with Tenn. Code Ann. §29-26-121**

Description of Information to be Used or Disclosed: **All PHI in Medical Record for All Dates**

I understand that:

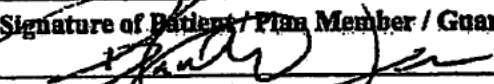
1. I may refuse to sign this authorization and it is strictly voluntary.
2. If I do not sign this form, my health care and the payment for my health care will not be affected unless stated otherwise.
3. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.
4. If the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may potentially be redisclosed.
5. I understand my attorney will receive copies of all records received through this authorization.
6. I, through my attorney, will receive a copy of this form after I sign it.

SECTION B: NOTICE TO PROVIDER AND RECIPIENT

The purpose of the release of my records is for review by the Recipient listed above. **THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENTATIVES OUT OF THE PRESENCE OF MY ATTORNEYS.** All medical records obtained pursuant to this authorization by Recipient shall be copied by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillsboro Pike #300, Nashville, TN, 37215, within five days after the records are obtained via this authorization, if feasible, and with email transmittal being preferred to reduce / eliminate costs.

SECTION C: SIGNATURES

I have read the above and authorize the disclosure of the protected medical and health information as stated. Moreover, I acknowledge and hereby consent that the released information may contain alcohol, drug, psychiatric, HIV testing, HIV results, or AIDS information.

Signature of Patient / Plan Member / Guardian / Representative: 	Date: 10/12/23
Print Name of Guardian / Representative (if applicable): Bradley Jones	Relationship to Patient (if applicable): Spouse

STATE OF TENNESSEE Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER 2023 042479

1. Decedent's Legal Name ROBERT WAYNE WILLIAMS JR		2. Sex MALE		3. Date of Death 07/13/2023	
4. Time of Death (Approx.) 22:22		5a. Age 51		6. Date of Birth [REDACTED]	
7. Birthplace NEW ALBANY, IN					
8a. Place of Death INPATIENT					
9b. Facility Name VANDERBILT UNIVERSITY MEDICAL CENTER			8c. City or Town NASHVILLE		8d. County of Death DAVIDSON
9. Marital Status MARRIED		10. Surviving Spouse (name prior to first marriage) BRADLEY JONES		11a. Decedent's Usual Occupation FACILITY MANAGER	
12. Social Security Number [REDACTED]		13a. Residence-State or Foreign Country INDIANA		13b. County CLARK	
13c. Street and Number 2010 CEDAR CREEK DRIVE		13e. Inside City Limits? YES		13f. Zip Code 47126	
15. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO		17. Decedent's Race WHITE	
18. Father's Name ROBERT WILLIAMS SR			19. Mother's Name Prior to First Marriage ROBERTA BALDWIN HAWKINS		
20a. Informant's Name BRADLEY JONES		20b. Relationship to Decedent SPOUSE		20c. Mailing Address 2010 CEDAR CREEK DRIVE, HENRYVILLE, IN 47126	
21a. Method of Disposition ENTOMBMENT REMOVAL FROM STATE		21b. Place of Disposition KRAFT GRACELAND MEMORIAL PARK		21c. Location NEW ALBANY, IN	
22a. Signature of Funeral Director /s/ KALEIGH B EASTWOOD		22b. License Number 20503		22c. Signature of Embalmer /s/ STEPHANIE BROOK WORKING	
23a. Name and Address of Funeral Home WOODLAWN-ROESCH-PATTON FUNERAL HOME AND MEMORIAL, 660 THOMPSON LANE, NASHVILLE, TN 37204-0407		23b. License Number 933		23c. License Number 6116	
24. Registrar's Signature /s/ EDWARD G BISHOP III		25. Date Filed 07/17/2023			
26. Certifier 26a. <input checked="" type="checkbox"/> PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED. 26b. <input type="checkbox"/> MEDICAL EXAMINER - ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.					
27a. Certifier /s/ ASHISH S. SHAH		27b. License Number 053242		27c. Date Signed 07/14/2023	
27d. Name and Address ASHISH S. SHAH VANDERBILT UNIVERSITY MEDICAL CENTER 1211 MEDICAL CENTER DRIVE, NASHVILLE, TN 37232					
28. Part I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS, SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE. IMMEDIATE CAUSE (Primary disease or condition resulting in death). Separately list conditions, if any, leading to the cause stated on line a. Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST. a. SEPSIS b. HEART TRANSPLANT c. d.					Approximate Interval Closest to Death
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I					29a. Was an Autopsy Performed? NO
					29b. Were Autopsy Findings Available to Complete the Cause of Death?
30. Manner of Death NATURAL		31. Did Tobacco Use Contribute to Death? NO		32. If Female: N/A	
33. If Transportation Injury, Specify:		34a. Date of Injury		34b. Time of Injury	
		34c. Injury at Work?		34d. Place of Injury	
		34e. Describe How Injury Occurred		34f. Location of Injury	

PH-1059E

RDA 10112

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III
Edward G. Bishop III
State Registrar

Ralph Alvarado
Ralph Alvarado, MD, FACP
Commissioner

Date Issued: Jul-17-2023

CERTIFICATION OF VITAL RECORD

Brian Cummings
Cummings Law
4235 Hillsboro Pike, Suite 300
Nashville TN 37215-3344

CERTIFIED MAIL



9414 8118 9956 2604 7262 55

PS Form 3800 6/02

\$7.180
US POSTAGE
FIRST-CLASS
FROM 37215
11/15/2023
stamps
endicia



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Delivery Address
when used with **A**
or Return Address
when used with **B**

Vanderbilt Univ. Medical Center
c/o National Registered Agents, Inc.
300 Montvue Rd
Knoxville TN 37919-5510

CERTIFIED MAIL
CERTIFIED MAIL

← Fold and Tear →

CERTIFIED MAIL

VOID

B

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(Uses Return Receipt Card)
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OUTBOUND TRACKING NUMBER
9414 8118 9956 2604 7262 55

FEES

Postage per piece \$2.830
Certified Fee \$4.350
Total Postage & Fees: \$7.180

ARTICLE ADDRESS TO:

Vanderbilt Univ. Medical Center
c/o National Registered Agents, Inc.
300 Montvue Rd
Knoxville TN 37919-5510

Postmark
Here

SENDER: COMPLETE THIS SECTION

- Ensure items 1, 2, and 3 are completed.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: (☐ Addressee or ☐ Agent)

X

B. Received By: (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

CUMMINGS LAW

Brian Cummings
Licensed to practice in TN, GA,
FL, CA & HI

brian@cummingsinjurylaw.com

4235 Hillsboro Pike #300
Nashville, TN 37215

Phone: (615) 319-4347
Fax: (615) 815-1876

November 15, 2023

VIA U.S. CERTIFIED MAIL – ELECTRONIC RETURN RECEIPT

Vanderbilt Univ. Medical Center
c/o National Registered Agents, Inc.
300 Montvue Rd.
Knoxville, TN 37919-5546

Re: Notice Required by Tenn. Code Ann. § 29-26-121(a)

Dear Registered Agent for Vanderbilt University Medical Center:

I represent Bradley Jones regarding the death of his husband, Robert Williams, Jr., at Vanderbilt University Medical Center (“Vanderbilt”).

Mr. Williams was admitted to Vanderbilt on June 1, 2023, he was determined to be a good candidate for a heart transplant, which he underwent early during the admission, and he contracted two infections (a fungal infection and a bacterial infection) at Vanderbilt that led to sepsis and caused his death on July 13, 2023.

With regard to the fungal infection, which is referred to at times in the records as “infection due to Rhizopus,” a Vanderbilt staff member told Mr. Jones that another Vanderbilt patient had come down with the same type of fungal infection.

Through me and my firm, my client is asserting claims for healthcare liability against Vanderbilt University Medical Center (“Vanderbilt”). This is a wrongful death, healthcare liability claim. I am hereby providing you with such notice under Tenn. Code Ann. §29-26-121(a).

The claims involve the failure of Vanderbilt, including its employees and agents, and including its physicians and physicians-in-training, to provide proper care and treatment to Mr. Williams during the June 1, 2023 admission. This includes, but is not limited to, negligent care related to Mr. Williams contracting both infections and related to the ineffective treatment of those infections. These failures to comply with the applicable, recognized standard of acceptable professional practice caused Mr. Williams’ death.

The injuries and damages sustained as a result of the professional negligence include, but are not limited to, past medical expenses, physical pain and suffering, emotional pain and suffering, loss of enjoyment of life, loss of earning capacity, Mr. Jones’ loss of spousal consortium, funeral and burial expenses, and all other available damages available in a wrongful death, healthcare liability claim.

The full name and date of birth of the patient whose treatment is at issue are:

Robert Williams, Jr.



The name and address of the claimant(s) authorizing this notice, and their relationship to the patient, if the notice is not sent by the patient, are:

Bradley Jones (surviving spouse)
2010 Cedar Creek Dr.
Henryville, IN 47126

The name and address of the attorney sending this notice are:

Brian Cummings
Cummings Law
4235 Hillsboro Pike, #300
Nashville, TN 37215

Enclosed is a list of the names and addresses of all providers being sent a notice at this time.

Also enclosed is a HIPAA-compliant medical authorization which will permit you to obtain complete medical records from each other provider also being sent presuit notice.

Pursuant to Tenn. Code Ann. §29-26-121(a)(5), you are reminded of your statutory obligation to identify any person, entity, or healthcare provider who you believe, based on any reasonable knowledge and information available, who may be a properly named defendant in this action, and to communicate this information in writing within 30 days of receipt of this letter to me as counsel for the potential claimant. This includes any modifications of the way that your name is stated in this written presuit notice. This also includes any employees or agents you believe need to be included in this claim / lawsuit for the care and allegations at issue.

To the extent that you have any interest in settling this matter and all of its damages in the next 60 days prior to a lawsuit being filed, I can be reached at brian@cummingsinjurylaw.com or at 615-319-4347.

Sincerely,

A handwritten signature in blue ink that reads "Brian Cummings".

Brian Cummings

Enclosures

NAMES & ADDRESSES OF ALL PROVIDERS BEING SENT A NOTICE
PURUSANT TO TENN. CODE ANN. 29-26-121(a)

PROVIDER	ADDRESS PER TN DEPT. OF HEALTH	CURRENT BUSINESS ADDRESS	REGISTERED AGENT ADDRESS – TN SEC. OF STATE
Vanderbilt University Medical Center	1211 Medical Center Drive Nashville, TN 37232 Attn: C. Wright Pinson, M.B.A., M.D.	1211 Medical Center Drive Nashville, TN 37232 1161 21 st Ave., S., Medical Center North D- 3300 Nashville, TN 37232-5545 (Principal Office – TN Sec. State) 3322 West End Ave., #1100 Nashville, TN 37203-1000 (Mailing Address – TN Sec. State)	National Registered Agents, Inc. 300 Montvue Road Knoxville, TN 37919-5546 (TN Sec. State)

HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED MEDICAL/HEALTH INFORMATION

SECTION A: THIS SECTION MUST BE COMPLETED FOR ALL AUTHORIZATIONS

Patient Name: ROBERT WILLIAMS, JR.	Date of Birth: [REDACTED]	Social Security No: [REDACTED]
Provider's Name: VANDERBILT UNIVERSITY MEDICAL CENTER	Recipient's Name: VANDERBILT UNIVERSITY MEDICAL CENTER	
Provider's Address: 1211 MEDICAL CENTER DR. NASHVILLE, TN 37232	Address 1: 1211 MEDICAL CENTER DR.	
	Address 2:	
	City NASHVILLE	State TN Zip 37232

This authorization will expire on the following (fill in the Date or the Event but not both)

Date: **6-1-2024** Event:

Purpose of Disclosure: **Compliance with Tenn. Code Ann. §29-26-121**

Description of Information to be Used or Disclosed: **All PHI in Medical Record for All Dates**

I understand that:


1. I may refuse to sign this authorization and it is strictly voluntary.
2. If I do not sign this form, my health care and the payment for my health care will not be affected unless stated otherwise.
3. I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.
4. If the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may potentially be redisclosed.
5. I understand my attorney will receive copies of all records received through this authorization.
6. I, through my attorney, will receive a copy of this form after I sign it.

SECTION B: NOTICE TO PROVIDER AND RECIPIENT

The purpose of the release of my records is for review by the Recipient listed above. **THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH THE RECIPIENT OR THEIR REPRESENTATIVES OUT OF THE PRESENCE OF MY ATTORNEYS.** All medical records obtained pursuant to this authorization by Recipient shall be copied by Recipient's office and a Bates-Numbered copy shall be furnished to my counsel, Cummings Law, 4235 Hillsboro Pike #300, Nashville, TN, 37215, within five days after the records are obtained via this authorization, if feasible, and with email transmittal being preferred to reduce / eliminate costs.


SECTION C: SIGNATURES

I have read the above and authorize the disclosure of the protected medical and health information as stated. Moreover, I acknowledge and hereby consent that the released information may contain alcohol, drug, psychiatric, HIV testing, HIV results, or AIDS information.

Signature of Patient / Plan Member / Guardian / Representative: 	Date: 10/12/23
Print Name of Guardian / Representative (if applicable): Bradley Jones	Relationship to Patient (if applicable): Spouse



Certificate of Mailing — Firm (Domestic)

Name and Address of Sender Brian Cummings Cummings Law 4235 Hillsboro Pike #300 Nashville, TN 37215	TOTAL NO. of Pieces Listed by Sender 4	TOTAL NO. of Pieces Received at Post Office™ 4	Affix Stamp Here <i>Postmark with Date of Receipt.</i> 
	Postmaster, per (name of receiving employee)		

USPS® Tracking Number Firm-specific Identifier	Address (Name, Street, City, State, and ZIP Code™)	Postage	Fee	Special Handling	Parcel Airlift
9414811899562604720215	Vanderbilt Univ. Medical Center 3322 West End Ave., #1100 Nashville, TN 37203-1000	\$7.18			
9414811899562604727221	Vanderbilt Univ. Medical Center 1161 21st Ave., S. Medical Center North D-3300 Nashville, TN 37232-5545	\$7.18			
9414811899562604726255	Vanderbilt Univ. Medical Center c/o National Registered Agents, Inc. 300 Montvue Rd. Knoxville, TN 37919-5546	\$7.18			
9414811899562604726019	Vanderbilt Univ. Medical Center Attn: C. Wright Pinson, MBA, MD 1211 Medical Center Dr. Nashville, TN 37232	\$7.18			